

Athletic Player Registration Form

					SPORT (select one)			
TEAM NAME					ULTIMATE FRISBEE KICKBALL		Level of Pla	 '
					PICKLEBALL		=	nediate
PREFERRED DAY OF	PLAY: (circle one	s) SU M	TU W TH		FLAG FOOTBALL		Lower	
LEAGUE:	•	•	O MEN	O WOMEN	BEAN BAG / CORNHO	LE		
TEAM STATUS:		EW \square	☐ RETURNING		SOCCER SOCCER			
SEASON:		ummer C			SOFTBALL - Slowpitch			
	O S _I	pring	O Winter		SOFTBALL - Fast pitch			
					SOFTBALL - Modified VOLLEYBALL - Power ((officiated)		
PLAYERS - Plaas	se Read Befor	e Signing the Roster F	FormU		VOLLEYBALL - Power of VOLLEYBALL - Recrea	` ,	ciated)	
				l or danger for all pa	rticipants and may cause serious injur	,	olatea)	
•	•				ployees, and other participants from a	•		
for injuries and dama					, , , ,	,		
	ges sustained wi	ille participating in this progi	iaiii.					
•	•	d Prior to Signing!!	ranı.					
TEAM MANAGER	R - Please Rea			their own handwriting	g,			
TEAM MANAGER I verify that all of the pl and are eligible to com	R - Please Rea layer information s apete with my team	d Prior to Signing!! supplied is correct, all of the p n. I agree to be bound by the	olayers have signed below in rules and regulations of this	s program as specifie				
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TEAM MANAGER I verify that all of the pl and are eligible to com by the Eau Claire Park	R - Please Rea layer information s npete with my team ss, Recreation, and	d Prior to Signing!! supplied is correct, all of the p n. I agree to be bound by the d Forestry Department as con	players have signed below in rules and regulations of this stained in the League by-law	s program as specifie s. PHONE	d	D.O.B.	(I have read the	RESIDENT
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PLAYERS - Please Read Before Signing the Roster Form!!

I understand that participation in Parks and Recreation programs involves an element of risk or danger for all participants and may cause serious injury, death, or property loss. I agree to assume these risks for myself and my family and release the City of Eau Claire, its employees, and other participants from any liability for injuries and damages sustained while participating in this program.

PLAYER NAME	ADDRESS	CITY, STATE, ZIP	PHONE (home/cell)	EMAIL ADDRESS	D.O.B.	INITIAL (I have read the walver above)	E.C. CITY RESIDENT (Yes or No)
13							
14							
15							
16							
17							
18							
19							
20							

FOR OFFICE USE ONLY					
INITIALS	DATE	Division			